

Waldorf College

PHYSICAL EXAMINATION FORM

Full Name _____ Date: _____ Date of Birth _____
 (Last) (First) (MI)

Height _____ Weight _____ Body Fat % _____ Pulse _____ BP _____ / _____ / _____ / _____
 (Optional) Seated Supine Standing (If elevated)

Vision R 20/ _____ L 20/ _____ w/Correction: Y N Eye Protection: Y N Mouth guard: Y N

Lab results if indicated: _____

HEENT		NOTES
Ears	Nrl / Abnrl	
Mouth	Nrl / Abnrl	
Throat	Nrl / Abnrl	
Dental	Nrl / Abnrl	
Thyroid	Nrl / Abnrl	
Lymph nodes	Nrl / Abnrl	
Lungs	Nrl / Abnrl	
Abdomen	Nrl / Abnrl	
Genitalia	Nrl / Abnrl	
Hernia	N / Y	
Skin	Nrl / Abnrl	
MUSCULOSKELETAL		
Neck	Nrl / Abnrl	
Back	Nrl / Abnrl	
Shoulder / Arm	Nrl / Abnrl	
Elbow / Forearm	Nrl / Abnrl	
Wrist / Hand / Fingers	Nrl / Abnrl	
Hip / Thigh	Nrl / Abnrl	
Knee	Nrl / Abnrl	
Leg / Ankle	Nrl / Abnrl	
Foot / Toes	Nrl / Abnrl	

CARDIAC SCREENING		Stigmata of Marfan's Syndrome (males > 6'0, females > 5'10)	
Heart Murmur	Nrl / Abnrl	Arm span > Height	N/Y
Grade	I II III IV V VI	Chest deformity	N/Y
Systolic ejection		Precuts excavate	N/Y
Mid-systolic		Precuts carinatum	N/Y
Holostolic		Glasses / contact lenses	N/Y
Diastolic		"Thumb" sign	N/Y
Click		"Wrist" sign	N/Y
Valsalva	↑ ↓		
Squat	↑ ↓		
Pulses (radial / femoral)	Nrl / Abnrl		

COMMENTS AND RECOMMENDATIONS:

Cleared: _____ Cleared after completing evaluation / rehabilitation for: _____ Not Cleared: _____

Reason not cleared: _____

Recommendations: _____

Examining Physician (Print/Type): _____ Date: _____

Address: _____ Phone: _____

Signature of Examining Physician: _____